

Cervical Cancer and HIV

Women living with HIV are at least five times more likely to develop cervical cancer (an AIDS-defining illness) than their HIV-negative peers, and they have twice the risk for death from invasive cervical cancer within three years than women who do not have HIV.^{1,2}

Why are HIV and cervical cancer so closely linked? They are both high-burden diseases for women globally, and women living with HIV are much more vulnerable to cervical cancer because of their compromised immune systems.

Cervical cancer is the most common cancer among women in 38 low- and middle-income countries, mainly in sub-Saharan Africa.³ It kills an estimated 311,000 women worldwide each year,⁴ the majority of whom are in less-developed regions of the world, where access to prevention, screening, and treatment services are severely limited.

In a number of the same low-income settings, HIV continues to disproportionately affect women and adolescent girls. There are nearly 870,000 new HIV infections⁶ and 420,000 AIDS-related deaths⁷ among women and girls every year.



These deaths from cervical cancer and HIV are tragic and needless, because both diseases are effectively preventable. We can reduce deaths from both cervical cancer and AIDS-related causes by addressing them together with existing proven, effective tools. HIV is preventable with condoms, pre-exposure prophylaxis, and male circumcision. In people living with HIV, life can be prolonged and onward transmission prevented with suppression of the virus via antiretroviral therapy (ART). Cervical cancer is preventable with vaccination against Human papillomavirus (HPV, which causes most cases of cervical cancer), and screening and treatment for precancerous lesions (“screen-and-treat”).



Addressing the Joint Burden: What Works?

When health program implementers, advocates, donors, and policy makers address the joint burdens of cervical cancer and HIV together, women are healthier and health systems reap efficiencies.

Health systems should:

- Offer both HIV and cervical cancer services in the larger context of sexual and reproductive health services for all women and girls.
- Offer the HPV vaccine to 9- to 14-year-olds and tools to prevent HIV and improve adolescent sexual and reproductive health as part of health services and education provided to all girls. Provide a “catch-up” HPV vaccine for unvaccinated older adolescents, with a third vaccine dose in addition to the standard two.
- Offer ongoing cervical cancer prevention/treatment services to women and girls diagnosed with and vulnerable to HIV, including three HPV vaccine doses for those living with HIV, regardless of age.⁸
- Require cervical cancer screen-and-treat and HPV vaccination questions in HIV routine clinical care to prompt providers to provide these services.
- Offer routine HIV testing for women presenting for cervical cancer services in countries with a high HIV prevalence.

In addition, policy makers and donors should support research on better tools to prevent, diagnose and treat HIV, HPV, and cervical cancer.

Several policy and funding developments in recent years have supported addressing cervical cancer and HIV jointly.

The **Global Fund** has supported the integration of cervical cancer screen-and-treat and HIV services since 2015. Zimbabwe, Zambia, Tanzania, Malawi, Uganda, and Kenya^{9,10} are countries that have sought Global Fund money for cervical cancer prevention and management within HIV programs.

PEPFAR has supported cervical cancer screening and precancer treatment for women living with HIV for several years. PEPFAR renewed its commitment in May 2018, announcing a partnership to invest over \$30 million in eight sub-Saharan African countries to prevent cervical cancer progression and mortality among HIV-positive women.¹¹

Unitaid called for proposals in May 2018 for projects to improve and expand screening and treatment for cervical cancer, with special attention to women living with HIV. Projects will cultivate a market for emerging screening and treatment tools, and integrate these tools into countries, setting them up for large-scale expansion in the future.¹²

The cost of inaction on cervical cancer, both economically and in lives lost, is too great to ignore.

Cervical cancer strikes both HIV-positive and HIV-negative women around the globe, irrespective of their countries' HIV prevalence. The global agenda for eliminating cervical cancer embraces all women, regardless of their HIV status.

At the same time, our efforts to address cervical cancer are more effective when we recognize and respond to the particular vulnerabilities of women living with and vulnerable to HIV. Scaling up the application of proven tools to fight both diseases simultaneously represents a win for both women and the health systems that serve them.

Sources

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